

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/597,150</div>	FILING DATE <div style="font-size: 1.2em;">7-13-06</div>	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1						
2	1		1						
3	1		1						
4		3		1					
5		3		1					
6		1		1					
7		1		1					
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TOTAL IND.	3	↓	3	↓		↓			
TOTAL DEP.	13	←	7	←		←			
TOTAL CLAIMS	16		10						
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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100									
TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									